## FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

MAR 04 2008
Washington, DC

< 101

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30,2008

Estimated average burden hours per response.....16.00

SEC USE ONLY						
Prefix	,	Serial				
DATE RECEIVED						

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08041561
Genesis Solutions Holdings, Inc.	-
Address of Executive Offices (Number and Street, City, State, Zip Code) 444 Washington Street, Suite 308, Woburn, MA 01801	Telephone Number (Including Area Code) 781-935-5700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Holding company	
	PROCESSED
Type of Business Organization	
corporation   limited partnership, already formed   other (pl	lease specify): MAR 1 1 2008
Month Year	nated THOMSON FINANCIAL

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

			A. BASIC IDE	NTII	FICATION DATA					
2. Enter the information re-	quested for the following	lowin	g:						_:	
• Each promoter of the	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to v	ote or dispose, or dire	ect th	e vote or disposition o	f, 10	% or more o	f a clas	s of equity securities of the issuer.	
• Each executive offi	cer and director of	corp	orate issuers and of o	огро	rate general and man	aging	partners of	partne	ership issuers; and	
Each general and m	nanaging partner of	f parti	nership issuers.							
Check Box(es) that Apply:	Promoter		Beneficial Owner	1	Executive Officer	•	Director		General and/or Managing Partner	
Full Name (Last name first, it MacArthur, Burton G.	f individual)									
Business or Residence Addres c/o Genesis Solutions Hole	ss (Number and dings, Inc., 444 W	Street /ashi	, City, State, Zip Congton Street, Suite	de) 308,	Woburn, MA 0180	1				
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, it MacArthur, Robert	f individual)									
Business or Residence Addres			, City, State, Zip Co gton Street, Suite		Woburn, MA 01801					
Check Box(es) that Apply:	Promoter		Beneficial Owner	7	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, in Terfehr, Thomas T.	f individual)			<del>-                                    </del>						
Business or Residence Addre c/o Genesis Solutions Hold			, City, State, Zip Congton Street, Suite		Woburn, MA 01801	1				
Check Box(es) that Apply:	Promoter		Beneficial Owner	•	Executive Officer	Ø	Director		General and/or Managing Partner	
Full Name (Last name first, i Madden, Martin C.	f individual)									
Business or Residence Addre c/o Genesis Solutions Hol			t, City, State, Zip Co ington Street, Suite		, Woburn, MA 0180	1				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, i Needham, Christopher E.	f individual)									
Business or Residence Addre c/o Genesis Solutions Hole					Woburn, MA 0180	1	1			
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i Seguin Partners Fund, L.F.										
Business or Residence Addre 444 Washington Street, St				dc)						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i Seguin Genesis Direct Inv	•								<del></del>	
Business or Residence Addre 444 Washington Street, Su				de)						
	(Use bla	nk sh	ect, or copy and use	additi	ional copies of this st	neet, :	as necessary	<u>')</u>		

		A. BASIC IDE	NTIF	ICATION DATA				
2. Enter the information requested f	for the following	g:						
<ul> <li>Each promoter of the issuer,</li> </ul>	, if the issuer ha	s been organized wit	thin tl	he past five years;				
Each beneficial owner havin	g the power to v	ote or dispose, or dire	ct the	vote or disposition o	f, 10	% or more of	f a clas:	s of equity securities of the issuer.
Each executive officer and contact and contact are a second as a second are a								
Each general and managing	•		•	J		•	-	•
Check Box(es) that Apply: Pro	omoter 📝	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individu	ual)							
tronwood Mezzanine Fund II, LP								
Business or Residence Address (Nur	mber and Street	City, State, Zip Coo	ie)					
55 Nod Rod, Avon, CT 06001								
Check Box(es) that Apply: Pro	omoter 📝	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual	ual)	······································						
fronwood Equity Fund, LP								
Business or Residence Address (Nur	mber and Street	, City, State, Zip Coo	de)	· <del></del>				<u> </u>
55 Nod Red, Aven, CT 06001			•					
Check Box(es) that Apply: Pro	omoter 📝	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individu	nal)							
Genesis Technology Solutions, Inc	•							
Business or Residence Address (Nur		City State Zin Coo	de)	-				
100 Danbury Road, Ridgefield, CT		, City, State, Zip Cot	10)					
		D6-i-1 O	_	Farantina Offices	_	Diseases	_	Canada and/or
Check Box(es) that Apply: Pr	omoter [	Beneficial Owner	<b>•</b>	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individence of the Brown, Kathleen K.	ual)							
Business or Residence Address (Nu	mber and Street	, City, State, Zip Coo	de)					
c/o Genesis Solutions, 100 Danbu	ry Road, Ridg	efield, CT 06887						. <u></u>
Check Box(es) that Apply: Pr	omoter [	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual	ual)	·······						
Augustadt, Bruce Herbert								
Business or Residence Address (Nu	mber and Street	, City, State, Zip Coo	de)	•				
c/o Genesis Solutions, 100 Danbu	ry Road, Ridge	efield, CT 06887						
Check Box(es) that Apply: Pr	omoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual	ual)							
Claar, David Douglas								
<del>_</del>	mber and Street	, City, State, Zip Coo	dc)					
c/o Genesis Solutions, 100 Danbu			•					
	omoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual	nal)							
Pitman, Joseph Brian	wwi.j							
	mher and Street	, City, State, Zip Coo	de)					
c/o Genesis Solutions, 100 Danbu		•	,					

Г					B. 11	FORMAT	ON ABOU	T OFFERI	NG				
										Yes	No		
1.	,									Ø			
_	Answer also in Appendix, Column 2, if filing under ULOE.								s N/A				
2.	2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3.	Does th	e offering	permit joint	t ownershi	p of a sing	le unit?				••••••		. €3 ☑	
4.													
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	Full Name (Last name first, if individual)												
N/A													
Bus	siness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)						
Nar	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				•••••	•••••••		☐ AI	States
	AL	AK	AZ	AR	CA	CO	[CT]	DE)	DC	FL	GA	HI	ĪD
	IL	ĪN	ĪA	KS	KY	ĹA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	ÑV	NH	[NJ]	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	ÜΤ	VT	VA	WA	WV	WI	ŴŶ	PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			<u> </u>			
Nai	me of Ass	sociated Br	oker or De	aler				· <del>-</del>					
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	***************	***************************************	******************		•••••		∐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID]
		IN	IA NY	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH) TN)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK) WI	OR WY	PA PR
Ful			first, if indi										
	1 I Vanie (	Dast Haine											
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Naı	Name of Associated Broker or Dealer												
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				<del>.</del> .		
(Check "All States" or check individual States)										l States			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.  Type of Security	Aggregate Offering Price	e	Amount Already Sold
		c -0-		s -0-
	Debt			s 3,760,000
	Equity	\$_0,,00,00	_	2 - 011 001000
	Common Preferred	. A 240 000		s 4,240,000
	Convertible Securities (including warrants)		_	\$ -0-
	Partnership Interests			\$ <del>-0-</del>
	Other (Specify)		—	\$ 8,000,000
	Total	\$ 0,000,000		\$_0,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases § 8,000,000
	Accredited Investors	9		\$ 0,000,000
	Non-accredited Investors	<del></del>		\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			<b>s</b>
	Regulation A			\$
	Rule 504			\$
•	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	<b>:</b>		
	Transfer Agent's Fees	*****		\$
	Printing and Engraving Costs			\$
	Legal Fees			\$ 150,000
	Accounting Fees		$\Box$	\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		<b>[</b> ]	\$ 150,000

_	L. D. L. 100 C. Cupation I		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	<b>;</b>	\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	1	
		Payments to	
		Officers,	D
		Directors, & Affiliates	Payments to Others
	Salaries and fees	□\$	□ <b>\$</b>
	Purchase of real estate	_	_
	Purchase, rental or leasing and installation of machinery		_ 🗆 *
	and equipment		_ 🗆 \$
	Construction or leasing of plant buildings and facilities	<u> </u>	🗆 \$
	Acquisition of other businesses (including the value of securities involved in this		
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7,850,000	_ 🗆 \$
	•	_	_
	Repayment of indebtedness		
	Working capital	<del></del>	
	Other (specify):	□ ₂	_ ⊔⊅
			<b></b>
	Column Totals	<b>Z</b> \$ 7,850,000	_ 🗆 \$
	Total Payments Listed (column totals added)	<b>[</b> ] \$	7,850,000
Г	D. FEDERAL SIGNATURE		
L.,			
	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notic nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi		
	information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of		•
les	uer (Print or Type)	Date	
	enesis Solutions Holdings, Inc.	February 29	, 2008
Na	me of Signer (Print or Type)  Title of Signer (Print or Type)	\	
Bu	ton G. MacArthur Chief Executive Officer		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)